1	/								·			·	1	
								,	Application or Docket Number					
PATENT APPLICATION FEE DETERMINATION RECO									1	, ,			, ,	
Effective December 29, 1999									0	92	64	४ ५९ ।	\ \	
CLAIMS AS FILED - PART I									<u> </u>	ENTITY		OTHER	THAN	
(Column 1) (Column 2)									PE		OR	SMALL		
FC	DR		NUMBER FILED			NUMBER EXTRA		RA	ΓE	FEE	7	RATE	FEE	
ВА	SIC FEE									345.00	OR		690.00	
TC	TAL CLAIMS		74	minus		X\$	9=		OR	X\$18=	972			
INC	EPENDENT CI	LAIMS	Ý	minus 3 = *							OR	X78=		
MULTIPLE DEPENDENT CLAIM PRESENT													78 8	
# If the difference in column 4 is been in								+13	0=		OR	+260=		
* If the difference in column 1 is less than zero, enter "0" in column 2									AL		OR	TOTAL	1740	
CLAIMS AS AMENDED - PART II												OTHER		
(Column 1) (Column 2) (Column 3) CLAIMS HIGHEST								SMA	LL I	ENTITY	OR 1 I	SMALL		
AMENDMENT A		REMA	INING		NI PRE	JMBER VIOUSLY ID FOR	PRESENT EXTRA	RAT	Έ	ADDI- TIONAL FEE		RATE	ADDI- TIONAL FEE	
	Total	•		Minus	**		=	X\$ 9	=	-	OR	X\$18=		
	Independent	*		Minus	***		=	. X39)=		OR	X78=		
	FIRST PRESENTATION OF MULTIPLE DEF				PENDE	NT CLAIM								
				•				+130			OR	+260=		
								TC ADDIT.	TAL FEE		OR	TOTAL ADDIT. FEE		
AMENDMENT B		CLA REMA AFI AMENI	INING TER	4	NI PRE	GHEST JMBER VIOUSLY ID FOR	PRESENT EXTRA	RAT	Ε	ADDI- TIONAL FEE		RATE	ADDI- TIONAL FEE	
	Total	* "		Minus	**		<i>≓</i> ′	X\$ 9	=		OR	X\$18=		
	Independent	*		Minus	***		= 10	X39				X78=		
1	FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAI										OR			
									=		OR	+260=		
•									TAL		OR	TOTAL ADDIT. FEE		
(Column 1) (Column 2) (Column 3)													-	
AMENDMENT C		CLA REMA AFT AMEND	INING ER		NL PRE	GHEST JMBER VIOUSLY ID FOR	PRESENT EXTRA	RAT	E	ADDI- TIONAL		RATE	ADDI- TIONAL	
	Total	* /~	1/1	Minus	**	74	=1150	X\$ 9	_	FEE	0.5	X\$18=	FEE	
	Independent	* / L		Minus	***	4	= 2				OR	· · ·	100	
	FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM							X39:			OR	X78=	191	
II.									=		OR	+260=	8	
* If the entry in column 1 is less than the entry in column 2, write "0" in column 3. ** If the "Highest Number Previously Paid For" IN THIS SPACE is less than 20, enter "20." ***If the "Highest Number Previously Paid For" IN THIS SPACE is less than 3, enter "3." The "Highest Number Previously Paid For" (Total or Independent) is the highest number found in the appropriate box in column 1.													NOP	